U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	LLY BEFORE PREPARING THIS REPORT.
E AUG 1 5 2005	
1. File Number U - 7 27	2. Fiscal Year Covered From:
	1 / 204 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name TROY A BECKER	Name PIPETITERS IDEAL ONION 208
	Labor Organization File Number 042108
P.O. Box, Bidg., Room No., If any	P.O. Box, Building and Room Number, if any
Street 6350 BROADWAY	Street 6356 326ADWAY
City Device City City City City City City City City	City City City City City City City City
State ZIP Code + 4	35 State ZA 76 21 ZIP Code +4 862 C - 10
5. Position in labor organization.	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Na	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	7.b. Amount.
Street	
City	
State ZIP Code + 4	more by the contract of the co
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Company of the second of the s	

Name of Person Filing	File Number U-
B. Heid an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
.8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name DENVER PIPEFITTERS JOINT APPRENTICES) £
Trade Name, If any: JOINT APPRENTICESHIP TRAINING	a. Labor Organization b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street 6350 BROADWAY	
aty DENVER	
State COLORADO ZIP Code + 4 80216 - 108	5
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name DENVER PIPEFITTES JOINT AFRENTICISHIT	L CONTRACTOR CONTRACTO
Trade Name, if any:	CHAITTEE LUICH
P.O. Box, Bldg., Room No., if any	
Street 6350 SKADWAY	11.b. Approximate dollar value of such dealing.
City DENVER	12.a. Nature of interest held or income received.
State COLORADO ZIP Code + 4 ROSIL-1035	APPENTICE COMPLETION DINNER 63.00
,-555	COMMITTEE CHRISTMAS LUNCHEON 30.00
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	12.b. Amount. 93. 93.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, If any:	
P.O. Box, Bidg., Room No., If any	
Street	
City	
State ZIP Code + 4	
	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	